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## DECLARATION AND POWER OF ATTORNEY UNDER 35 USC § 371(c)(4) FOR PCT APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below under my name;

	I verily believe I am the original, first	st and sole inventor (if only	y one r	name is lis	sted	below) or an o	original, first
and joint	inventor (if plural names are listed	below) of the subject mat	ter wh	ich is clai	med	and for which	a patent is
sought, r	namely the invention entitled:	SOLENOID VALVE					
				claimed	in	international	application
number	PCT/JP2004/016586 filed	on November 9, 200	<b>1</b> .				
	There we demand and the demand of the	•					

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

Under Title 35, U.S. Code § 119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

## 2003-410687 filed in Japan on December 9, 2003

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

As a named inventor, I hereby appoint the patent practitioners associated with Oliff & Berridge, PLC Customer No. 25944 as attorneys of record to prosecute this application and all continuations and divisions thereof, and to transact all business in the Patent and Trademark Office.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, CUSTOMER NO. 25944. TELEPHONE: (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of Sole or First Inventor	Tsuneo		NIWA	
		Given Name	Middle Initial	Family Name	
2	Inventor's Signature:	Isunec	Niwa	· · · · · · · · · · · · · · · · · · ·	
3	Date of Signature:	April 24,	2006		
		Month	Day	Year	
	Residence:	Komaki-shi	Aichi-ken	Japan	
		City	State or Province	Country	
	Citizenship:	Japanese			
	Post Office Address:	c/o CKD CORPOR	ATION, 250, Ouji 2-chom	ie, Komaki-shi,	
	(Insert complete mailing address, including country)	Aichi-ken 485-8551 Japan			

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE 💍

1	Typewritten Full Name of Joint Inventor	Masayuki		WATANABE		
	o. Journ Myeritor	Given Name	Middle Initial	Family Name		
2	Inventor's Signature:	Masaguki		Waternale		
3	Date of Signature:	April 24, 2006				
	-	Month	Day	Year		
	Residence:	Komaki-shi	Aichi-ken	Japan		
		City	State or Province	Country		
	Citizenship:	Japanese				
	Post Office Address:	c/o CKD CORPOR	RATION, 250, Ouji 2-cl	nome, Komaki-shi,		
	(Insert complete mailing address, including country)	Aichi-ken 485-855	51 Japan			
			•			
			·			
1	Typewritten Full Name of Joint Inventor	Yukio		OZAWA		
	or donic inventor	Given Name	Middle Initial	Family Name		
2	Inventor's Signature:	Lukiza	Ozawa.			
3	Date of Signature:	April 24,	2006			
	,	Month	Day	Year		
	Residence:	Komaki-shi	Aichi-ken	Japan		
		City	State or Province	Country		
	Citizenship:	Japanese				
	Post Office Address:	c/o CKD CORPORATION, 250, Ouji 2-chome, Komaki-shi,				
	(Insert complete mailing address, including country)	Aichi-ken 485-855	51 Japan			
1	Typewritten Full Name of Joint Inventor	Shigenobu		NISHIDA		
•	or Joint inventor	Given Name	Middle Initial	Family Name		
2	Inventor's Signature:	Shigenob		. willing training		
3	Date of Signature:	•				
-	Date of digitature.	April 24,	2006 Day	Year		
	Residence:	Komaki-shi	Aichi-ken	Japan		
		City	State or Province	Country		

Docket No.:\_\_\_\_\_

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

c/o CKD CORPORATION, 250, Ouji 2-chome, Komaki-shi,

Japanese

address, including country) Aichi-ken 485-8551 Japan

Citizenship:

Post Office Address: (Insert complete mailing

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.

IF THERE IS MORE THAN 4 INVENTORS USE PAGE 3 AND PLACE AN "X" HERE █

Docket N	No.:
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1	Typewritten Full Name of Joint Inventor	Yasunori		NISHIMURA			
		Given Name	Middle Initial	Family Name	_		
2	Inventor's Signature:	Yasunsi		Nishimura			
3	Date of Signature:	April 24,	2006				
		Month	Day	Year			
	Residence:	Komaki-shi	Aichi-ken	Japan			
		City	State or Province	Country			
	Citizenship:	Japanese					
	Post Office Address:	c/o CKD CORPOR	ATION, 250, Ouji 2-ch	chome, Komaki·shi,			
	(Insert complete mailing address, including country)	Aichi-ken 485-855	il Japan				
1	Typewritten Full Name of Joint Inventor	Akiko		KOSAKA			
		Given Name	Middle Initial	Family Name			
2	Inventor's Signature:	Akiko		Kosaka			
3	Date of Signature:	April 24, 2006					
	-	Month	Day	Year	_		
	Residence:	Komaki-shi	Aichi-ken	Japan			
		City	State or Province	Country	_		
	Citizenship:	Japanese					
	Post Office Address:	c/o CKD CORPORATION, 250, Ouji 2-chome, Komaki-shi,					
	(Insert complete mailing address, including country)	Aichi·ken 485·8551 Japan					
	_						
1	Typewritten Full Name of Joint Inventor						
		Given Name	Middle Initial	Family Name	_		
2	Inventor's Signature:						
3	Date of Signature:						
	•	Month	Day	Year			
	Residence:		•				
		City	State or Province	Country	_		
	Citizenship:						
	Post Office Address:						
	(Insert complete mailing address, including country)				_		
	asaress, moluting country/				_		

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.

IF THERE IS MORE THAN 7 INVENTORS USE PAGE 4 AND PLACE AN "X" HERE □